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Public Health Bytes

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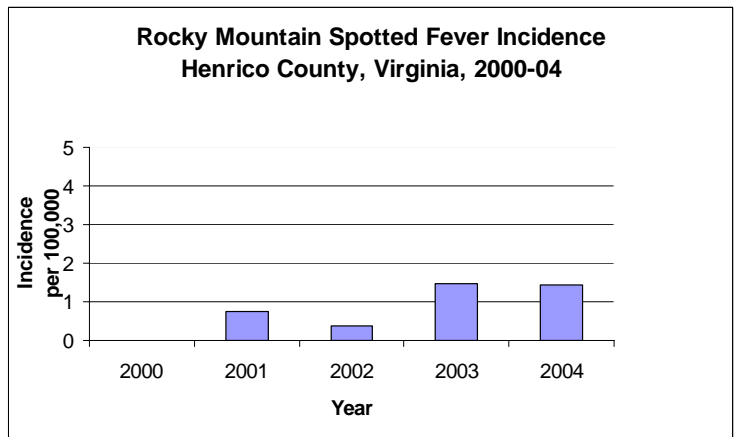
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On the web at: PublicHealthBytes.org

Communicable Disease Update: Arboviral Disease Update

Spring is here and so is the potential for arboviral disease. VDH and the State Lab (DCLS) are again recommending that hospitalized patients with suspected West Nile Virus (WNV) have clinical samples sent to DCLS for arboviral disease testing. The local health department can facilitate testing via DCLS. Call us at 804-501-5216. Further testing guidance can be found on our health bytes web site: <http://PublicHealthBytes.org> under "Arboviral disease resources." In addition, avian and mosquito surveillance and testing will continue in Henrico this year. The health department and the county's Standing Water Initiative are partnering to ensure you have the necessary information concerning arboviral disease prevalence to assist in your clinical decision making. Report all suspected arboviral diseases using the DCLS Arboviral Infection Case Reporting Form also available at the link above under "Arboviral Disease Resources." **New insect repellent information is available through the CDC website:** <http://www.cdc.gov/ncidod/dvbid/westnile/RepellentUpdates.htm>

Rocky Mountain Spotted Fever Update: Consider laboratory testing to verify true infection in cases clinically compatible with Rocky Mountain Spotted Fever (RMSF). Those patients with both laboratory confirmation and clinically compatible illness fit into either a "Confirmed" or "Probable" CDC case definition. Serologically, the case definition determination depends upon whether a fourfold change in antibody titer to *Rickettsia rickettsii* antigen occurs (Confirmed) or a single positive antibody titer (Probable) is obtained. Henrico County Health Department recommends collecting paired sera (close to onset and 3 weeks later) in an effort to confirm the diagnosis. "Probable" cases will still be counted by the state health department and CDC for epidemiologic surveillance reporting purposes, however, the paired sera approach will help minimize the likelihood of false positive results.



Influenza Update: Over the past few months, the College of American Pathologists (CAP) along with several other providers sent laboratory proficiency testing panels, mistakenly including one or more vials of Influenza A/H2N2 virus to approximately 6,400 laboratories in the U.S., including local labs. The A/H2N2 samples that were sent out recently are similar to the A/H2N2 viruses that circulated in humans in 1957 at the beginning of the Asian influenza pandemic. The Center for Disease Control and Prevention (CDC) and the World Health Organization (WHO) recommended the immediate destruction of these sample panels. VDH in concert with DCLS are also ensuring the sample panels sent to Virginia laboratories have been destroyed as well as distributing instructions for surveillance of laboratory workers who were exposed to the test samples (for influenza-like illness). CDC has not received any reports of Influenza A/H2N2 human cases to date. Additional information can be obtained from the CDC website at www.cdc.gov/flu/h2n2situation.htm.

CHEMPACK Arrives in Henrico County

One component of the national strategy for Weapons of Mass Destruction (WMD) preparedness is the placement of chemical agent antidotes and pharmaceuticals throughout the United States. These "CHEMPACKS" are designed to augment the ability of state and local emergency responders to respond to an act of chemical terrorism. A total of 11 CHEMPACKS were delivered to the Central region of Virginia, including one in Henrico County. The CHEMPACK augments the previously existing supply of chemical agent antidotes maintained by hospital pharmacies and Emergency Medical Services. This resource may be requested by the Health Director, emergency management personnel, hospital Emergency Department physicians, or the CHEMPACK custodian.

Prevention updates: Abdominal aortic aneurysm screening recommended by USPSTF for men 65-75 with any smoking history. Further information at <http://www.ahcpr.gov/clinic/uspstf/uspsaneu.htm>. Also see: Fleming C, Whitlock EP, Beil TL, Lederle FA. Screening for abdominal aortic aneurysm: a best-evidence systematic review for the U.S. Preventive Services Task Force. *Ann Intern Med* 2005; 142:203-11. U.S. Preventive Services Task Force.

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